



## Provider Communication

<b>Subject:</b> Georgia Pediatric Program (GAPP)	<b>Priority:</b> <b>High</b>
<b>Date:</b> December 14, 2004	<b>Message ID:</b> ACSBNR12142004_1

### *Dear Provider:*

There is one major change to the Georgia Pediatric Program (GAPP) that will become effective January 1, 2005. The DMA-6 form has been replaced with a new (Pediatric) DMA –6 A Form. The new DMA- 6 A form will become effective January 1, 2005. All new applications to the GAPP Program must be submitted with the new (Pediatric) DMA- 6 A form. Continued stay requests that requires the DMA- 6 form must be submitted with the new (Pediatric) DMA- 6 A form. Existing DMA-6 approvals will continue effective until their current expiration dates. The new Pediatric DMA – 6 A form is available on the GHP and DCH websites under forms [www.ghp.georgia.gov](http://www.ghp.georgia.gov). The new DMA 6-A form will be posted in the January, 2005 Georgia Pediatric program (GAPP) Manual. Thank you for participating in the Georgia Medicaid Program.

Sincerely,

Georgia Department of Community Health